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FREDERICK GATLIN, #P-19908
CALIFORNIA MEDICAL FACILITY
P/108L
P.O. BOX 2000
VACAVILLE, CA. 95696

Petitioner In Pro Se

FILED
DEC 31 2007
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

C

FREDERICK GATLIN,
Petitioner,

v.

JAMES TILTON,
Respondent.

Case No. C-07-03696-CW-(PR)

PETITIONER'S OBJECTION TO RESPONDENT'S MOTION TO DISMISS HIS PETITION FOR WRIT OF HABEAS CORPUS

Frederick Gatlin, #P-19908
California Medical Facility
P-108L
P.O. Box 2000
Vacaville, Ca. 95696

Petitioner in Pro Se

United States District Court

Northern District of California

Frederick Gatlin,
Petitioner,

v.

James Tilton,
Respondent.

Case No. C-07-03696-CW-(PR)

Petitioner's Objection to Respondent's Motion to Dismiss His Petition for Writ of Habeas corpus

COMES NOW, FREDRICK GATLIN, petitioner in the above-entitled cause to hereby object to the respondent's motion to dismiss his petition for writ of habeas corpus on the grounds of untimeliness.

This objection is for good legal and factual cause as set forth in the memorandum of points and authorities w/exhibits attached herewith.

Respectfully Submitted,

/S/ Frederick C Gatlin
Frederick Gatlin/Pro Se Petitioner

STATEMENT OF THE CASE

The record reflects that petitioner was convicted in Santa Clara County Superior Court of vehicle theft (Vehicle Code § 10851) and at least two prior serious felonies (robberies) were found true within the meaning of Penal Code § 117-.12. Petitioner was sentenced to twenty-five years to life pursuant to California's Three Strikes Law. (Pet. at 2; Resp. Exh. 1). Petitioner appealed the judgment which was affirmed by the California Court of Appeal on August 2, 2000.(Resp. Exh. 2). Petitioner filed a petition for review which was denied by the California Supreme Court on October 18, 2000, (Resp. Exh. 3), ending his direct appellate review before the highest state court. Under California law that denial became final on the day it was filed. Cal. Rules of Ct., rule 24(a). Thus, petitioner had 90 days from then , or until January 19, 2001, within which to file a petition for certiorari. Sup. Ct., rule 13.

As petitioner did not file a petition for writ of certiorari, on January 19, 2001, the judgment became final for puposes of the Anti-terroism and Effective Death Penalty Act of 1996. 28 U.S.C., § 2244(d)(1)(A), and absent tolling, petitioner had one-year, until January 18, 2002, within which to file a habeas petition in the federal court.

Petitioner filed the instant petition on July 18, 2007, approximately six years after his state appellate review had become final.

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ARGUMENT WITH MEMORANDUM OF POINTS AND AUTHORITIES

ARGUMENT

ALTHOUGH THE INSTANT FEDERAL PETITION WAS UNTIMELY, PRINCIPLES OF EQUITABLE TOLLING APPLY TO PERMIT A DETERMINATION ON ITS MERITS, DUE TO PETITIONER'S MENTAL INCOMPETENCY DURING THE PERIOD IN WHICH HIS FEDERAL HABEAS CORPUS WAS TO BE FILED IN THIS COURT.

The United States Supreme Court has recently stated that "tolling" is available under the ARDPA, Lawrence v. Florida (2007) 127 S.Ct. 1079, 1085 n.3, and the U.S. Court of Appeals for the 9th Circuit has maintained that rquitable tolling is available in "extraordinary circumstances," beyond a petitioner's control, which makes it impossible to file a timely federal petition.. Corjasso v. Ayers (9th Cir. 2002) 278 F.3d 874, 877; Miles v. Prunty (9th Cir. 1999) 187 F.3d 1104, 1107; Alvarez-Machain v. United States (9th Cir. 1997) 107 F.3d 696, 701.

"Whether there are grounds for equitable tolling [is] highly fact dependent . . . " Whalem/Hunt v. Early (9th Cir. 2000) 233 F.3d 1146, 1148. "Extraordinary circumstances" has been defined as actual innocence, or when uncontrollable circumstances prevent an inmate from timely filing. Gibson v. Klinger (10th Cir. 2000) 232 F.3d 799, 808.

Thus, there will be equitable tolling of AEDPA'S limitations period when delay is encountered in circumstances over which an inmate has no control, and the inmate diligently pursued his claims. Bunney v. Mitchell (9th Cir. 2001) 241 F.3d 1151, 1155-56. This requires an inmate to "demonstrate a casual relationship between the extraordinary circumstance on which the claim for equitable tolling rests and the lateness of his filing, a demonstration that cannot be made if the inmate, acting with reasonable diligence, could have filed on time notwithstanding the extraordinary circumstance." Valverde v. Stinson (2nd Cir. 2000) 224 F.3d 129, 134.

As will be shown below, petitioner's mental andphysical health issues, resulting in his incompetency, excuses his late filing under the principles of equitable tolling. Petitioner

submit that the U.S. Court of Appeals for the Ninth Circuit has already established that a prisoner's mental incompetency is an "obviously" extraordinary circumstance beyond his control. Calderon v. United States District Court (Kelly) (9th Cir.1998) (en banc) 163 F.3d 530, 541, cert. denied, 526 U.S. 1060 (1999) (serious mental problems for many years).

As it is petitioner's burden to demonstrate extraordinary circumstances exist, United States v. Marlof (9th Cir. 1991) 173 F.3d 1213, 1218, no more than a "threshold showing of mental incompetency" is required before a court will find a "sufficient showing has been made for equitable tolling the statute." Calderon v. United States District Court (Kelly), supra, 163 F.3d at 541. In other words, all that is required is "a genuine basis for concern." (Ibid).

The relevant question is whether petitioner's mental condition between the time his state direct appeal concluded and the time he filed his first state habeas petition (which filing would "stop" the AEDPA clock), was debilitating enough to prevent him from filing said petition in a more timely fashion.

In the instant case, petitioner's direct appellate review had become final on January 19, 2001, and his first state habeas petition was not filed until September 28, 2006. However, in 1998, during the course of petitioner's trial on the instant offense, petitioner had undergone two separate psychiatric evaluations. The first determined that he was competent to stand trial and the second determined that he did in fact suffer mental disorder(s), (See Exhibit A), and it is petitioner's position that from the time between his previously being found competent to stand trial and the relevant time for submitting a state habeas petition his condition had become much worse and prevented him from filing a more timely habeas corpus petition. See Rohan ex rel. Gates v. Woodford(9th Cir. 2003) 334 F.3d 803, 813 ("the firmly entrenched common law right to competence persisting beyond trial is a strong indicator of a constitutional due process right" to competency in postconviction proceedings or to stay of proceedings until such

competence is regained).

In addition to petitioner's mental incompetence, consideration must also be given to his serious medical problems that result, in part, from the prescribed medications for his mental problems where "extraordinary circumstances" may be found under the totality of the circumstances test, which would also allow equitable tolling to apply. See Alvarez-Machain v. United States (9th Cir. 1997) 107 F.3d 696, 701; Helton v. Secretary for the Department of Correction (11th Cir. 2000) 233 F.3d 1322, 1325-26 ("a combination of several factors results in extraordinary circumstances" sufficient for equitable tolling).

Petitioner, in the instant case, underwent a Psychodiagnostic evaluation prior to being sentenced. (See Exh. A). This evaluation was performed by a court appointed clinical and forensic psychologist, Jeffrey S. Kline, Ph.D., who found in relevant part:

> " . . . Mr. Gatlin has been diagnosed in the past with major depression (1993) with at least three suicide attempts, schizoaffective disorder versus paranoid schizophrenia versus bipolar disorder (1993,1994), anxiety reaction (1994), dysthymic disorder (1994), and bipolar disorder in the hypomanic phase (1997). (Exh. A, p. 4).

Although, this same psychologist had previously diagnosed petitioner and found him competent to stand trial, his second diagnosis ultimately ultimately diagnosed him, under the DSM-IV Diagnoses, as:

AXIS I	Dysthymic Disorder History of brief psychotic episodes History of substance -related disorders History of sexual trauma
AXIS II	Antisocial personality disorder Schizotypal personality disorder Paranoid and narcissistic personality features
AXIS III	Siezure disorder, history of multiple neck and back surgeries. Otherwise deferred
AXIS IV	Psychosocial stressors: Incarceration
AXIS V	Global Assessment of Functioning, Current: 35 (Exh. A, p.9).

While being confined at the County Jail facility petitioner was taking Valproic Acid for his siezure disorder and Elavil, an antidepressant, for his mental disease. (Exh. A, p. 4).

Eventually, petitioner was relocated to the state prison system, after being sentenced to 25 years to life for auto theft under the Three Strikes Law. Once in prison, and during the relevant statute of limitations period, petitioner's condition worsened and he had to be placed in an "Enhance Outpatient Program"(EOP) and on occassion was placed on single cell status until he was psychiatrically stablized, and at one pint was being considered for commitment to the State Department of Mental Health.(See Exh's. B). In fact, from 2001 until 2004, petitioner was under numerous psychotropic medications,(Exh's. C) due to his suffering from hullicinations and delusions that affected his ability to sleep, eat and/or rational thought patterns that substantially contributed to his inability to recognize and/or understand his obligations relating to the AEDPA.

In the year 2004, petitioner stopped taking his psychotropic medication so that he could be treated with Alfa Inteferon and Ribavarin in order to treat his Hepatitis C, which was at grade 2, stage 2-3. However, petitioner was unable to tolerate this medication, where he became anemic, coughed-up blood, always felt weak and dehydrated. (Exh. D). After only 2½ months, petitioner's hepatitis treatment was terminated on August 25, 2004, at which time he was placed on Epoeting injections in order to increase his blood level. However, the hepatitis medication coupled with the previously taken psychotropic medications had somewhat taken their toll, as petitioner began suffering from numerous debiltating illnesses, i.e., chest pains, painful, swelling and shaking hands, vomiting and coughing-up blood, blood in stool, fatigue, which effectively hindered and/or prohibited his ability acknowledge and understand his legal oblibations pursuant to the AEDPA. On the otherhand, even had petitioner been able to acknowledge and understand said oblgations, his medical concerns combined with his mental illness precluded his ability

to perform such obligations. Petitioner has always relied upon the assistance of other inmates, when such assistance was available, to pursue legal endeavors. It was, in fact, these legal assistants that made him realize and understand his legal obligations in the instant matter. (See Sworn Declaration of Dwight Martin, attached herewith).

In recognition of the fact that pro se habeas petitioners occupy a unique position in the law, (Price v. Johnson (1948) 334 U.S. 266, 292), the 9th Circuit Court of Appeals has concluded it would be an abuse of discretion for a district court to refuse to consider a petitioner's equitable tolling claim where the petitioner was (1) illiterate, (2) representing himself, (3) "making a relatively novel claim under a relatively novel statute. " Brown v. Roe (9th Cir. 2002) 279 F.3d 742, 745.

Thus, the 9th Circuit has also recognized, as so often happens;

> "Petitioner is often illiterate or poorly educated and yet must decipher a complex maze of jurisprudence in order to determine which of his constitutional rights, if any, may have been violated. Such a task is 'difficult even for a trained lawyer to master,' and, understandably, is often beyond the abilities of most prisoners. (Citations omitted.) It is thus not surprising that when a prisoner attempts to prepare his own [. . .] petition without the assistance of counsel, the product of his efforts is often confusing and incomprehensible amalgam of claims which not only fails to protect the prisoner, but which ties up valuable court time in the inevitable struggle to comprehend what is being alleged."

Brown v. Vasquez (9th Cir. 1991) 252 F.2d 1164 citing Murray v. Giarratano (1989) 492 U.S. 1, 28 (Stevens, J., dissenting).

In the instant case, petitioner is **not** illiterate, but suffers from **some**thing much worse, wherefore the aforementioned observations must apply. Petitioner **suffers serious medical issues**, which could have resulted, in part, from the use of prescribed psychotropic medications, combined with mental illness, he is representing himself Pro Se and he is making a relatively novel claim under a relatively novel statute, while suffering (at least part, if not all of the time,)

from numerous medical and major mental illness for which he was heavily medicated.

As a result, under the totality of circumstances presented, extraordinary circumstances beyond petitioner's control existed which made it impossible for him, while suffering mental and physical illness and heavily medicated, to file his claims on time. In his attempt to demonstrate his mental and physical illness petitioner has supplied what documents that were readily able to comprehend. If the documents are not enough to establish petitioner's claim of equitable tolling this court should hold, at the very least, a competency hearing whereby petitioner would be entitled to the appointment of counsel, for said hearing, to protect his interest and fully develop an adequate record. Smith v. Stewart (9th Cir. 2001) 241 F.3d 1191; Hoffman v. Arave (9th Cir. 2001) 236 F.3d 523, 536; Siripongs v. Calderon (9th Cir. 1994) 35 F.3d 1308, 1315-16. Similar procedures have been approved in other cases where the evidentiary basis underlying claims need to be developed. Paradis v. Arava (9th Cir. 2001) 240 F.3d 1169, 1172.

CONCLUSION

In light of the legal and factual totality of circumstances, surrounding petitioner's inability to file a timely habeas petition, respondent's motion to dismiss must be rejected.

12/26/07

Respectfully Submitted,

/S/ Frederick Gatlin

Frederick Gatlin/Pro Se Petitioner

EXHIBIT . . . . . A

Jeffrey S. Kline, Ph.D.
CLINICAL & FORENSIC PSYCHOLOGY
Lic. No. PSY10811

The Bright Eagle Mansion
1040 Noel Drive, Suite 209
Menlo Park, CA 94025
(650) 329-8904

Forensic Psychological Evaluation

August 16, 1998

TO: Jennifer Green
Deputy Public Defender
Law Offices
Office of the Public Defender
120 West Mission Street
San Jose, Ca. 95110

RE: Fredrick John Gatlin
Municipal Court #E9702658

SUBJECT: Psychodiagnostic Evaluation

Dear Ms. Green,

The following is the report summarizing my evaluation of Mr. Fredrick Gatlin. I was initially appointed by the Court on 8/26/97 to conduct an examination of the mental condition of the defendant for J.J. Kapp, under Evidence Code Section 1017, after he was charged with grand theft auto on 6/11/97. It is my understanding that he has been convicted of that offense and is now awaiting sentencing. You requested an additional evaluation with psychodiagnostic testing to establish the extent to which Mr. Gatlin suffers from a mental disorder.

Date of Evaluation: 7/21/98
Place of Evaluation: Main Jail, San Jose
Duration of Evaluation: 4 hours, 35 minutes

Records Reviewed

1. U.S. Probation Officer's report, 8/21/97
2. Municipal Court, Santa Clara County, statement of the charges and prior conviction
3. Crime Report, 6/11/97
4. Criminal History Report
5. Santa Clara Valley Medical Center Records of Treatment 6/11/97-7/25/97
6. Main Jail Medical Records, 6/15/97-7/14/97
7. Inmate Grievance Form, 6/18/97
8. 1368 Examination, Douglas Harper, M.D., 2/23/98
9. U.S. District Court Probation Officer Letter, 8/21/97
10. 1368 Examination, Robert Burr, M.D., 3/5/98
11. Sacramento County Department of Health, Main Jail Medical Services Records, 12/11/96, 1/18/97
12. UC Davis Medical Center Records, 5/13/97-6/3/97
13. Mercy General Hospital Records, 5/31/97
14. Santa Clara Valley Medical Center Records, 7/6/94-3/3/98
15. U.S. Department of Justice, Federal Bureau of Prisons Medical Records, 6/29/92-7/29/96
16. Federal Correctional Institution, Terminal Island, Medical Records, 11/19/93-3/25/94
17. John C. Lincoln Hospital Medical Records, 11/1/96
18. Health Services Unit, Federal Correctional Institute, Phoenix, Arizona, 6/15/94-4/29/97
19. Inmate History and Disciplinary Data, 10/14/97
20. Incident Reports, Federal Correctional Institute, Phoenix, Arizona, 6/11/94, 8/6/94, 2/10/95
21. Incident Report, Federal Correctional Institute, Terminal Island, Ca., 1/1/94, 1/19/94
22. Sacramento County Main Jail Medical Records, 2/13/97
23. Federal Medical Center, Rochester, Minnesota, Medical Records, 10/7/93
24. Saratoga Medical Center, Springfield, Virginia, Medical Records, 5/29/96, 6/17/96
25. VA Medical Center, Phoenix, Arizona, Medical Records, 10/29/96
26. Phoenix General Hospital, Medical Records, 8/21/96, 4/18/97

Consent Advisement & Confidentiality Waiver

Mr. Gatlin was informed of the purpose of this evaluation, that the information gathered will be used for a report to his attorney and the Court, and that the results are not confidential. The defendant acknowledged his understanding of this, his comprehension was good, and he agreed to participate.

Tests Administered

MMPI-2
Rorschach

Criminal History

Mr. Gatlin reported an extensive adolescent legal history resulting in juvenile detention on several occasions, although he was unable to remember the specifics. His arrest record indicates that between 1973 and 1993 he has been charged with bank robbery, robbery with use of a firearm, burglary, driving without a license, battery on a peace officer, resisting arrest, receiving stolen property, possession of a controlled substance, vehicle theft, and battery. His Federal probation officer reported that Mr. Gatlin has also been arrested multiple times for petty theft while under Federal supervision. He has been in prison 3 times.

Mental Health, Psychiatric & Substance Abuse History

Mr. Gatlin denied a history of psychiatric hospitalizations but said that he has been treated with psychiatric medications as an outpatient. He could not remember the names of the medications. During the initial 1017 evaluation conducted by this evaluator (September 1997), Mr. Gatlin reported that while he lived with his mother in 1990 he became "very, very religious" and he had visual hallucinations of "demons" in his room with whom he would fight. He had several of these episodes in 1990 which were transient and lasted for about 10-15 minutes. During the same period he said that he experienced 2-3 day periods of sleeplessness and hyperactivity. He also reported a long history of odd experiences such as people and objects suddenly disappearing, talking to trees that he said had faces and souls, and one time opening a door and feeling a stab on his neck when no one was there. During the current evaluation Mr. Gatlin reported two other occasions in which he experienced transient psychotic-like episodes and denied co-occurring

substance intoxication. One was when he lived in Louisiana and a girlfriend would not let him back into her apartment at night. He said that he "sat there three or four hours until day light and felt all kinds of things being pulled out of me, like something was being drawed out of me." The other incident occurred in May of 1997 while he was living with his brother and lasted about 20 minutes. He said that "all of a sudden I felt like I was being controlled by everything...like something being pulled out of my right arm...I believed God was pulling all kinds of demons out of me...the last one was not pulled out and a voice came out of me...a demon...and said you would not take me out until judgement day." Mr. Gatlin related the latter incident in the midst of reporting his history of being sexually abused in the form of anal penetration (described below).

Mr. Gatlin said that he was treated with counseling in prison for depression for about 7 months in 1993. His depression was precipitated by his mother's deteriorating health. He has a history of incarceration at the Vacaville Medical Facility in 1977 but there were no records from this facility available for this evaluation.

The records indicate that Mr. Gatlin has been diagnosed in the past with major depression (1993) with at least three suicide attempts, schizoaffective disorder versus paranoid schizophrenia versus bipolar disorder (1993, 1994), anxiety reaction (1994), dysthymic disorder (1994), and bipolar disorder in the hypomanic phase (1997). The records document that Mr. Gatlin reported a history of auditory and visual hallucinations. Symptoms that he has presented with include suicidal ideation, confusion, illusions, delusions, auditory hallucinations with paranoid content, and pressured and expansive speech. He has been treated with antipsychotic (Haldol, Stelazine) and antidepressant medications (Prozac, Imipramine). The mental disorder symptoms that have been documented in the past are complicated by a co-occurring seizure disorder and appear to be relatively short-lived. The records also indicate that he has episodes of pseudo-seizures. At the time of this evaluation he was taking valproic acid for his seizure disorder and Elavil which is an antidepressant.

In January of 1997 while at a Federal halfway house in Sacramento he was found running naked through the neighborhood after he had torn his room apart. He was arrested and then placed on a 5150 at the Sacramento Mental Health Clinic. He told officers that he was upset over his mother's death. Mr. Gatlin told this interviewer during the previous 1017 evaluation (September 1997), "was it

brother "thought he was Jesus Christ" and committed suicide by hanging at age 35.

Mr. Gatlin did not complete High School but subsequently received his GED. He was in the Marine Corp Reserves 1971-1972 and received a dishonorable discharge secondary to "being arrested for buying stolen TV's." He has a 17 year old daughter from a woman he lived with for a few years. He has been attempting to contact her in Sacramento. He was married for about 5 months in 1991 when he lived in Phoenix where he and his wife provided emotional and spiritual support to the homeless. He said that this relationship did not work out because he gave away too many of their personal items for religious reasons. His employment has been sporadic and short-term over the years and has consisted of unskilled labor. He received a certificate for truck driving in 1991. He also has a history of frequent moves among Sacramento, Fresno, Bakersfield, Phoenix, Louisiana, New York, and Florida. He identified himself as Sunni Muslim and an ex-preacher.

Test Results

MMPI-2

The Validity Scale Scores on the MMPI-2 are indicative of the presence of severe psychopathology. Although the Validity Scale profile contraindicates blatant malingering, exaggeration of psychopathology is a possibility that must be considered. However, Mr. Gatlin's history of psychiatric symptoms, idiosyncratic behavior, and current presentation is consistent with the level of psychopathology manifested on the MMPI-2. Individuals with Clinical Scale Score elevations similar to that of Mr. Gatlin are typically described as having disturbed thinking, ideas of reference, and delusions are often diagnosed with schizophrenia or paranoid disorders. They are often preoccupied with abstract matters and withdraw into fantasy as a way of coping with the outside world. They feel socially alienated, suspicious, depressed, and inferior. They typically avoid emotional ties with others and resent demands placed on them. They are rebellious and harbor hostility and aggression which they have difficulty expressing in modulated ways. Individuals with this profile type often have deviant social and religious convictions. Somatic preoccupations are common, may substitute for dysphoric feelings, and may even become delusional at times.

Rorschach

Mr. Gatlin scored positive on the schizophrenia, depression, and hypervigilance indexes. These results are indicative of the presence of a significant psychotic thought process, depressive affects, and a hyperalertness in order to avoid victimization. In addition, the results suggest feelings of chronic stimulus overload, excessive unorganized need states, an inconsistent style of problem solving, and labile affects despite attempts to avoid emotions. Individuals with these results are typically accurate in perceiving and responding to obvious and uncomplicated aspects of the external environment; however, reality testing often becomes impaired when faced with more ambiguous and complex situations. Individuals with these Rorschach results are often diagnosed with schizophrenia, paranoid disorder, and/or depression.

Current Psychological Status, Impressions & Conclusions

Mr. Gatlin is a 44 year old, divorced, unemployed, incarcerated African-American man. He presented for this evaluation as oriented, behaviorally organized, well groomed, and cooperative and he recalled our previous contact in September of last year. He wore a neck brace stating that this was due to his history of neck and back injuries and "I got myself in difficulty with officers here and each time they grabbed me around the neck." He informed this evaluator that he was found guilty of auto theft and stated, "I already told them I took the car... it didn't matter because I was having psychotic manifestations...I call it living in the physical world and the spiritual world...I found myself always asking God about what I was doing and whether it was right or wrong...you have God and you have Satan and to me they all sound alike, they will deceive you...so I ask God, is it you or is it Satan?" His speech was mildly pressured and although he was engaging he would often become overly abstract and raise religious ideas and become circumstantial when asked concrete questions. His affect was typically bright but inconsistent with his mood which seemed dysphoric and with his thought content which he described as frequently negative. When asked specifically about his mood he began complaining of multiple somatic problems which is consistent with the testing results that suggests a tendency to route his negative feelings into bodily channels. He reported his sleep pattern and appetite as adequate. He complained of a poor memory. He admitted to feeling as if his thoughts are controlled by outside forces and that thoughts are forced into his mind from the outside. He also admitted to pervasive ideas of reference believing that there is "great significance for everything, for me...a lot of people just can't see it." He denied current or

recent racing thoughts, thought broadcasting, thought withdrawal, and auditory and visual hallucinations. Although he said that God talks to him this was not in the form of auditory hallucinations. He also harbored grandiose and narcissistic ideas. For example, at one point during the interview he said, "people are there for me to be aware of my actions...in my world, just for my purpose, to be a part of what I need to know." Mr. Gatlin clearly feels a pervasive relationship with God and Satan, although he denied ever feeling as if he actually was either one of them.

Based on Mr. Gatlin's history, his current presentation, and the results of the psychological testing, it appears that he suffers from schizotypal and antisocial personality disorders with paranoid and narcissistic features. He has an impaired self-image related in part to being sexually victimized as a youth. He suffers from transient psychotic episodes with paranoid themes and manic features when excessively stressed. He has a relatively sustained psychotic thought process but it does not manifest itself in florid and sustained auditory hallucinations or delusions. Rather, it expresses itself as paranoid hypervigilance, religious preoccupation, grandiose ideas, excessive preoccupation with the significance of all things to him (ideas of reference), odd beliefs (the trees talk to him), and overly abstract and impressionistic ideas. His typical thought process could also be described as "near psychosis" or "psychotic-like" and co-occurs with chronic dysphoria. Although his perceptions are accurate when faced with obvious aspects of the external world, when situations become complex, affect-laden, and ambiguous his reality testing becomes impaired. Given the character of his thought disorder, his antisocial adjustment, and his social estrangement, his comment about "living in the physical world and the spiritual world" suggests great difficulty in blending his religious beliefs with practical adjustment as if he can live in neither place successfully. The affable social front he often presents to authority figures belies underlying feelings of resentment, hostility, and rebellion against the demands of others, and great difficulty appropriately modulating the expression of strong feelings.

Mr. Gatlin's clinical picture is complicated by multiple medical problems and somatic complaints. It is likely that at least some of these complaints, and possibly some of his seizures, are in part psychogenic and replace troublesome feelings related to his history of trauma, failures, and antisocial behaviors.

DSM-IV Diagnoses

Axis I	Dysthymic Disorder
	History of Brief Psychotic Episodes
	History of Substance-Related Disorders
	History of Sexual Trauma
Axis II	Antisocial Personality Disorder
	Schizotypal Personality Disorder
	Paranoid & Narcissistic Personality Features
Axis III	Seizure disorder, history of multiple neck and back surgeries
	Otherwise deferred
Axis IV	Psychosocial Stressors: incarceration
Axis V	Global Assessment of Functioning, Current: 35

Respectfully Submitted,

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Jeffrey S. Kline, Ph.D.

EXHIBIT . . . . . B

STATE OF CALIFORNIA

MENTAL HEALTH PLACEMENT CHRONO

DEPARTMENT OF CORRECTIONS

CDC#	Last Name	First Name	Housing	Date	Institution
P19908	Gatlin	Fredrick	N-333L	4/17/01	CMF

THIS INMATE HAS COMPLETED A MENTAL HEALTH EVALUATION WITH THE FOLLOWING RESULTS (check boxes that apply)

a) ☐ Does Not Meet Criteria for Inclusion in the Mental Health Services Delivery System (MHSDS)

b) ☒ Meets Inclusion Criteria for the MHSDS. Check Level of Care (LOC) Below:

c) ☐ Inclusion is for Medical Necessity (Obtain Chief Psychiatrist Signature Below. Check LOC)

d) ☒ Currently Included in the MHSDS. Check new or continuing LOC below:

LOC: ☐ Clinical Case Management (CCCMS) ☒ Enhanced Outpatient Program (EOPH) ☐ Crisis Bed (MHCB) ☐ Inpatient (DMH)

Calculated GAF: 44 Psychotropic Medication Prescribed: Yes ☒ No ☐

Current Behavior Alerts

Suicide ☐ Aggressive ☐ Self Injury ☐ Unpredict ☐ Other ☐

Behavior Comments:

Clinician Rankles Signature K. Kaeble PhD Chief Psychiatrist

Distribution: Central File, Unit Health Record, CCI, IMHS Coordinator, UMHR

CHRONOS/LABORATORY REPORTS

date	time	Referral
2/26/07		S- The devil is going to kill me. I have to purify my self - fasting, prayer, read the koran 24°, I am very concern that I might kill my cellie.
		O- Voices is normal in volume & delusions as above. Most concern if he might hurt his cellie. Thinks that Satan may act thru him or on him.
		Argumentative & started talking about his past behind me & am again.
		A- Psychotic ? needs explain ?
T.S. / Abilify Hallucinati Depressio		P- D/C Respridal ? & ↑ Both Respridal & Olanzapine for psychosis, r.o
		2/26/07

institution
CALIFORNIA MEDICAL FACILITY /MAIN

room/wing

PROGRESS NOTES
OUTPATIENT PSYCHIATRY
OUTPATIENT INTERDISCIPLINARY
PROGRESS NOTES

cdc number. name (last, first, mi)
GATLIN, FREDERICK
P-19908

CDC 7254 (8/89)

state of California department of corrections

STATE OF CALIFORNIA — GENERAL MENTAL HEALTH CHRONO — DEPARTMENT OF CORRECTIONS

Number P19908 Last Gatlin First Fredrick House N-301L Date 2/26/02 CMF

Treatment Team recommends that I/M Gatlin be single celled for clinical reasons till psychiatrically stabilized.

O. Hoff M.D.

Clinician Reiner / GREGG

CDC Psychiatric 128C

A. Reiner LCSW

Paz M. Pacifico, M.D.

...ifornia Medical Facility — **PSYCHIATRIST PROGRESS NOTE** — Department of Corrections

CDC# P19908 Last Gatlin First Fredrick 4/30/02

Medication	Directions	Expires	Physician	Status	Target Sx
Fluphenazine 5mg 1 Tab Bid		7/11/02	Pacifico	cont	Psychosis
Risperidone 4mg Tablet 1 Tab Q Evening See Am		7/11/02	Pacifico	"	"
Risperidone 3mg Tab 1 Tab Qam See Evening Dose		7/11/02	Pacifico	"	"
Phenytoin 100mg 3 Caps (300mg) Qd		5/29/02	Printz	"	"
Paroxetine 20mg 1 Tab Qam		7/11/02	Pacifico	"	seizure.
Trazodone 100mg Tab 1 Tab Qhs W/50mg=150mg		5/8/02.	Pacifico		depression
Trazodone 50mg 1 Tab Qhs W/100mg=150mg		5/8/02	Pacifico		"
Benztropine 2mg 1 Tab Qd		7/11/02	Pacifico		"
Gabapentin 300mg Capsule 1 Cap Bid		5/29/02	Printz		"
Folic Acid 1mg 1 Qd		7/12/02	Geraghty		S-E-
Multivitamin W/minerals 1 Qd		7/12/02	Geraghty		

Axis I
Schizoaffective Disorder
Polysubstance Dependence, Institutional Remission

AIMS Date

Axis II
Personality Disorder NOS with narcissistic and antisocial

Allergies
None Known

AxisIII
Hepatitis, seizures, chronic pain

Side Effects
There is NO evidence of any side effects.

Keyhea Expires

Subjective Reason Seen

Everything is okay. The new medication (Prolixin) makes me do things I never remember doing.

Objective

Patient is more concern w the memory problem. Hallucinations only shadows - claims still there but "it's just a matter of time"

Assessment

seems to be in better control in his own assessment except for the memory.

Plan

Refer back to neurology

date 4/30/02 Pacifico Psychiatrist

for pacifico m.d.

PSYCHIATRIST PROGRESS NOTES MH 3	EOP	Last Name Gatlin	First Name Fredrick
		House N-301L	Institution CMF
Confidential Patient/Client Information		CDC# P19908	Age 48 DOB 06/13/54
Department of Corrections State of California			

California Medical Facility — **PSYCHIATRIST PROGRESS NOTE** — Department of Corrections

Medication	Direction	Expires	Physician	Status	Target Sx
Fluphenazine 5mg 1 Tab Bid		7/11/02	Pacifico, Paz	Cont.	Hallucinations
Risperidone 3mg Tab 1 Tab Qam See Evening Dose		7/11/02	Pacifico, Paz	"	Delusions
Risperidone 4mg Tablet 1 Tab Q Evening See Am		7/11/02	Pacifico, Paz	"	"
Phenytoin 100mg 2 Caps (200mg) Qhs X 14 Days		6/13/02	Capozzoli,nic	"	Seizures
Phenytoin 100mg 1 Cap Qhs X 14 Days		6/28/02	Capozzoli,nic		"
Trazodone 100mg Tab 1 Tab Qevening (w/50mg= 150mg)		6/27/02	Pacifico, Paz	"	Sleep + Dep
Paroxetine 20mg 1 Tab Qam		7/11/02	Pacifico, Paz	"	"
Trazodone 50mg 1 Tab Qevening (w/100mg= 150mg)		6/27/02	Pacifico, Paz	"	Depression
Benztropine 2mg 1 Tab Qd		7/11/02	Pacifico, Paz	"	Sleep
Gabapentin 400mg Capsule 1 Tab Tid		6/29/02	Capozzoli,nic		S-E
Celecoxib 200mg 1 Cap Qd Prn		8/20/02	Geraghty,		

Axis I
Schizoaffective Disorder
Polysubstance Dependence, Institutional Remission

Axis II
Personality Disorder NOS with narcissistic and antisocial

Allergies
None Known

AIMS	Date
0	6/6/02

AxisIII
Hepatitis, seizures, chronic pain

Side Effects
There is NO evidence of any side effects.

Reason Seen: Medline Keyhea Expires

Subjective
I'm getting worse. I wanted to kill myself

Objective
Voices have. Just seeing things that started since childhood. Thinks his meds & don't prescribed stands for academic no S-E. Compliance is questionable

Assessment
Not much problem psychiatrically

Plan
Will continue to monitor.

Date 6/5/02 Pacifico Psychiatrist pr pacifico M.D.

INTERDISCIPLINARY PROGRESS NOTES
MH 3
Confidential Patient/Client Information
Department of Corrections State of California

LEVEL OF CARE
EOP

Last Name	First Name	
Gatlin	Fredrick	
House	Institution	Age
N-301L	CMF	48
CDC# P19908	DOB 06/13/54	

State of California, Department of Corrections -- Institution: ______ Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

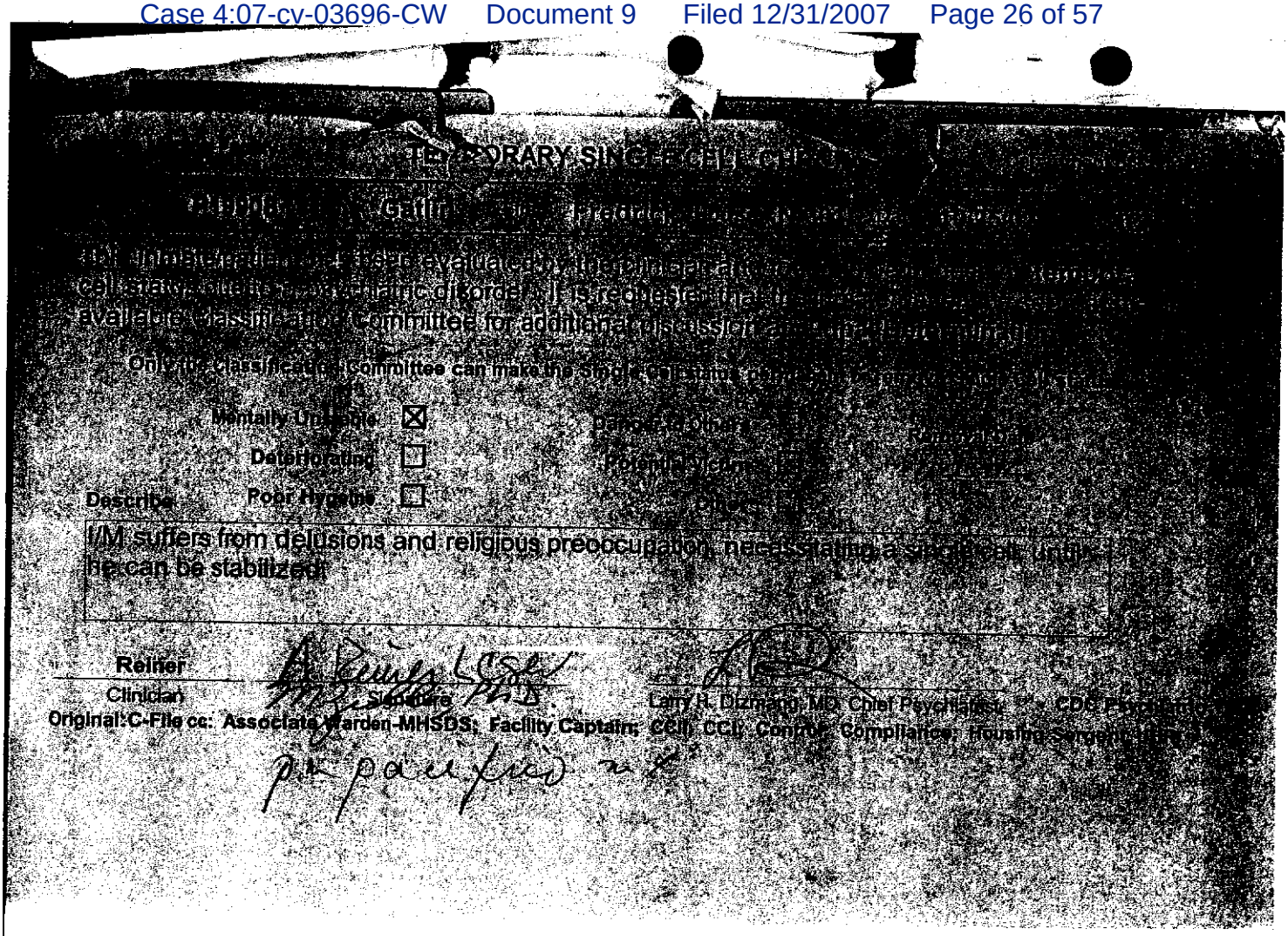
Date/Time: Problem & #. [✓]. Signature, Title & Print (or stamp). Store & File Reverse Chronological Order.

10/29 45 yo 3 strik 27-Life -
1245 Depressed, "overwhelmed
unable to sleep.
Seeing scary faces, seen the
Devil in County Jail.
History 5150's, psych eval at CMF.
PC stole car, to get back to Davis
Med Center for kidney failure due
to prednisone overdose → kidney failure.
Before that in fed prison for robbing
bank in [illegible] to give mother
present — History of Bro - hung himself 36 y
car theft occurred in S Jose saw keys in
trunk "God said car was for me to
get back to Sacr.
Obs — affect flat — akinesthesia
Thoughts unclear scattered [illegible]
[illegible] very coop friendly
Imp agitated depress, schizophrenia
Plan meds
needs EOP eval.

[signature] md

Page # ____

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI:
CDC Form MH 3 [11/9/95]	Inpatient	Gathin
Confidential Client/Patient Information See W & I Code, Section 5328	Outpatient	CDC # P19908 DOB _/_/_



TEMPORARY SINGLE CELL

Mentally Unstable ☒ Paranoid ☐

Deteriorating ☐ Poor Hygiene ☐

Describe: Other:

I/M suffers from delusions and religious preoccupation, necessitating a single cell until he can be stabilized.

Reiter

Clinician Signature

Larry H. Dizmang, MD, Chief Psychiatrist, CDC

Original: C-File cc: Associate Warden-MHSDS; Facility Captain; CCII; CCI; Control; Compilation; Housing Sergeant

California Medical Facility — CASE MANAGER PROGRESS NOTE — Department of Corrections

number P19908 last Gatlin first Fredrick House N-3[illegible] date 1/15/03 CMF

Axis I
Schizoaffective Disorder
Polysubstance Dependence, Institutional Remission

Axis II
Personality Disorder NOS with narcissistic and antisocial

Keyhea Expires

Current Problem List	Current Status	Risk Assessment	
Delusions	Remain the Same	Suicide	Low
Hallucinations	" "	Aggressive	Low
		Self Injury	Low
		Unpredictable	Low

Plan from last MH-2
Continue present EOP treatment programming.

Subjective
Case mgt session: "... isolation, seclusion (in cell) helps me to fight the demons... I don't hear voices... I think I'm Jesus Christ... demons, angels & devils don't frighten me ... I've seen them for so long..."

Objective
Risk assess low x 4, as noted.. denies appreciable Sxs of depression, anger, paranoia v stress.. denies A/Hs, but admits to V/Hs, as noted.. eats well.. broken sleep.. alleges med compliance.. delusional.

Assessment
M.S. is essentially unchanged from last wk.. denies A/Hs, but admits to visions of demons, etc.. delusions fixed in a religiosity, denies suicidality.

Plan
Continue regular EOP Tx program compliance.

Case Manager Zulli [illegible] M. Jeffs, Ph.D.

CASE MANAGER PROGRESS NOTE	LEVEL OF CARE	Last Name	First Name
MH 3	EOP	Gatlin	Fredrick
		institution CMF	
Confidential Patient/Client Information		CDC# P19908	dob 6/13/1954
Department of Corrections State of California			

California Medical Facility — Department of Corrections

Administrative Information: E ...ATION AND TREATMENT PLAN (MH — Date 1/15/03

Type of Review: Update | Setting: EOP | Gender: Male | Date Entered Rx Level: 4/18/01

CDC Arrival		Comit Time	26-life	Points	33	Ethnicity	BLA
CMF Arrival	4/10/01	Comit Date		Custody	CLOB	Language	English
Release Type	LIFE	County Comit	Santa Clara	115's	0	Vict/Pred	[ ]
Release Date		DOB	6/13/54	Housing	N-301L	Priv/WrkGroup	A1A
MaxDate		Commiting Offenses	Theft of Auto or Vehicle			SS#	
Parole Region						Juvenile History	☐
Parole Unit						Gang Affiliation	☐

TB Code 22 | Hepatitis Code 0 | HIV Code 0

Mental Status Examination for Schizophrenia

Positive Symptoms

Suspiciousness	VERY MILD-The patient seems on guard or is reluctant to respond to some 'personal' questions or reports being overly self conscious in public. (1)
Unusual Thoughts	MODERATE-Delusions present but no preoccupation or functional impairment. (3)
Hallucinations	MODERATE-Occasional verbal, or other sensory hallucination with no functional inpairment. (3)
Conceptual Disorganization	VERY MILD-Pecular use of words or rambling but comprehensible speech. (1)

Negative Symptoms

Prolonged Response	MINIMAL-Minimal evidence of inappropriate pauses. (1)
Emotion	MINIMAL-Spontaneous expressions of emotion occur when expected. However there is a reduction in degree of intensity of emotions expressed. (1)
Reduced Social Drive	MILD-Reduction in desire to initiate social contacts. The patient has few social relationships and these social contacts are enjoyable. (2)
Grooming	MINIMAL-Minimal reduction in grooming and hygiene. (1)

Positive Symptoms 8 0=Best 24=Worst **Negative Symptoms** 5 0=Best 20=Worst

Level of Confidence

☐ Unreported Due To Negative Symptoms ☐ Patient Uncooperative
☐ Unreported Due To Lack Of Rapport ☐ Difficult To Assess Due To Formal Thought Disorder

Confidence in assessment 1=Not at all 5=Very confident 3

MSE Comments:

No acute symptoms at this time--denies A/Hs, but sees "visions of devils, demons, and angels"---denies S/H/Parasuicidal ideation, but admits "I think of killing myself but I know I can't"--eats/sleeps ok-- not med compliant--isolates in cell--still thinks he is "Jesus".

Participation	Motivation	ADL's:	Condition
Rarely	Poor	Good	Stable

MENTAL HEALTH EVALUATION and TREATMENT PLAN
CDC MH 2
Page 1 of 3
Confidential Client/Patient Information
Department of Corrections State of California

LEVEL OF CARE EOP

Last Name: Gatlin | First Name: Fredrick | Institution: CMF | CDC#: P19908 | DOB: 6/13/54

California Medical Facility — CASE MANAGER PROGRESS NOTE — Department of Corrections

number P19908 last Gatlin first Fredrick House N-3[redacted] date 3/25/03 CMF

Axis I
Schizoaffective Disorder
Polysubstance Dependence, Institutional Remission

Axis II
Personality Disorder NOS with narcissistic and antisocial

Keyhea Expires

Current Problem List	Current Status
Delusions	Denies
Hallucinations	Denies

Risk Assessment
Suicide Low
Aggressive Low
Self Injury Low
Unpredictable Low

Plan from last MH-2

Continue present EOP treatment programming.---remove single-cell status--encourage overall tx compliance--IM should be considered for a DMH referral after he has the opportunity to re-connect therapeutically with Mr. Reiner, his primary clinician. During his discussions as such with Mr. Reiner, IM should be considered for CCCMS status in the not-so-distant future. The tx goals are to decrease delusions and hallucinations, through the various tx interventions.

Subjective

Pt reports that he is awaiting transfer as a CCCMS level inmate.

Objective

Pt has reduced his level of program participation recently.

Assessment

Pt sounds rational & coherent. He denies any current issues.

Plan

Continue CCCMS level.

Case Manager **Reiner** A Reiner LCSW

CASE MANAGER PROGRESS NOTE	LEVEL OF CARE	Last Name	First Name
MH 3	CCCMS	Gatlin	Fredrick
		Institution: CMF	
Confidential Patient/Client Information		CDC# P19908	dob 6/13/1954
Department of Corrections State of California			

EXHIBIT C

California Medical Facility — Department of Corrections

EVALUATION AND TREATMENT PLAN (MH 2 . . .) — Date: 10/17/01

Current Working Diagnosis:

Axis I

295.70 Schizoaffective Disorder

304.80 Polysubstance Dependence, Institutional Remission

Axis II

301.9 Personality Disorder NOS with narcissistic and antisocial features

Axis III

Hepatitis, seizures, chronic pain

AIMS	Date
0	4/25/01

Axis IV

Incarceratio

Axis V

45 Calculated GAF

40	45	50	45
Psych Impair	Soc Skill	Danger	ADL

Keyhea Expires

Diagnostic Comments:

IM has perceptual disturbances dating back to childhood, and at least 2 admitted depressions with suicide attempts. Has primary sx of v/h, ("visions"). Is delusional and grandiose, "sometimes I think I'm Jesus Christ". Has had episodes of requiring no sleep for days. Therefore gave Dx of Schizoaffective Disorder. I/M has strong narcissism. He also has long hx of crimes, suggesting antisocial features, though some of these crimes appeared to be influenced by mental illness.

Treatment Plan:

Treatment Objectives

Reduce Psychotic Symptoms
Decrease Depression

Participation	Motivation	ADL's:
Usually	Fair	Good

Med Compliant	Condition
No	Marginal

Treatment Modality	Hrs/Wk
Social Skills	1
Recreation Therapy	1
Recreation Therapy	1
Problem Solving	1
Recreation Therapy	1
Theraputic Work Activity	4
Health Education	1
Community Meeting	1
Problem Solving	1
Mental Health Education	1
Recreation Therapy	1
Relapse Prevention	1

Total Hrs/Wk: 15

Medications

Medications	Status	Target Symptoms
Risperidone 2mg Tab 1 Tab Bid		
Phenytoin 100mg 2 Caps Qhs		
Paroxetine 20mg 1 Tab Qam		
Trazodone 50mg 3 Qhs		
Benztropine 2mg 1 Tab Bid		
Omeprazole 20mg 1 Cap Bid X 14 Days		

Side Effects: There is NO evidence of any side effects.

Drug Allergies: None Known

MENTAL HEALTH EVALUATION and TREATMENT PLAN
CDC MH 2
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LEVEL OF CARE

EOP

Last Name	First Name
Gatlin	Fredrick

Institution: CMF

CDC# P19908

DOB 6/13/54

California Medical Facility — PSYCHIATRIST PROGRESS NOTE — Department of Corrections

Medication	Directions	Expires	Physician	Status	Target Sx
Risperidone 4mg Tablet 1 Tab Qhs See Am		6/11/02	Pacifico, Paz	cont.	Delusions
Olanzapine 15mg Tab 2 Tabs (30mg) Qhs	↓ gradually	6/11/02	Pacifico, Paz	"	Hal
Risperidone 3mg Tab 1 Tab Qam See Hs		6/11/02	Pacifico, Paz	"	"
Phenytoin 100mg 3 Caps (300mg) Qd		5/29/02	Printz,	"	Seizure
Trazodone 50mg 1 Tab Qhs W/100mg=150mg		5/8/02	Pacifico, Paz	"	Depression
Trazodone 100mg Tab 1 Tab Qhs W/50mg=150mg		5/8/02	Pacifico, Paz	"	"
Paroxetine 20mg 1 Tab Qam		5/8/02	Pacifico, Paz	"	"
Benztropine 2mg 1 Tab Qd		5/8/02	Pacifico, Paz	"	S. effects
Gabapentin 300mg Capsule 1 Cap Bid		5/29/02	Printz,		
Celecoxib 200mg 1 Cap Pm		5/29/02	Printz,		

Start Prolixin

wt. 260 lbs.

Axis I
Schizoaffective Disorder
Polysubstance Dependence, Institutional Remission

Axis II
Personality Disorder NOS with narcissistic and antisocial

Allergies
None Known

Keyhea Expires

AIMS	date
0	4/11/00

AxisIII
Hepatitis, seizures, chronic pain

Side Effects
There is NO evidence of any side effects.

Laboratory Studies

lithium	date	tegretol	date	valproate	date	tsh	date	cbc	date	SMA-20	date	Liver Pan	date

Reason Seen: Routine

Subjective
I sleep all the time and the demons can't bother me when I'm asleep. Still able to come to groups - they walk me up. 20 yards over

Objective
Patient seen because seeing things & fighting demons. last time knew the maximum dose of Olanzapine & now complaining of ↑ weight. Denies S.E. Compliant & med.

Assessment
Increasing Weight

Plan
will gradually reduce Olanzapine & replace w/ Prolixin

date 4/11/02 Pacifico psychiatrist paz m Pacifico m.d.

INTERDISCIPLINARY PROGRESS NOTES
MH 3
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Department of Corrections State of California

LEVEL OF CARE
EOP

Last Name	First Name	
Gatlin	Fredrick	
House	Institution	Age
N-301L	CMF	48
CDC# P19908	DOB	06/13/54

Administrative Information **EVALUATION AND TREATMENT PLAN (MH[redacted]I)** **Date** 11/30/04

Type of Review:	Initial	**Setting:**	CCCMS	**Gender**		**Date Entered Rx Level**	4/18/01
CMF Arrival	4/10/01	Comit Time	26-life	Points	029	Ethnicity	BLA
Release Type	LIFE	Term	Third	Custody	MEDA	Language	English
Release Date		County Comit	Santa Clara	DOB	6/13/54	Vict/Pred	[ ]
Housing	N-237L	Commiting Offenses	Theft of Auto or Vehicle			Priv/Wrk Group	A1 A
						SS#	
IDTT Date	11/30/04	TB Code	22	Hepatitis Code	0	HIV Code	0

M.S.E. for Schizophrenia or Psychotic Disorder, NOS **Positive Symptoms**

Suspiciousness	VERY MILD-The patient seems on guard or is reluctant to respond to some 'personal' questions or reports being overly self conscious in public. (2)
Unusual Thoughts	MODERATE-Delusions present but no preoccupation or functional impairment. (4)
Hallucinations	MODERATE-Occasional verbal, or other sensory hallucination with no functional inpairment. (4)
Conceptual Disorganization	NOT PRESENT (1)

Negative Symptoms

Prolonged Response	NORMAL-No abnormal pauses before speaking. (1)
Emotion	MINIMAL-Spontaneous expressions of emotion occur when expected. However there is a reduction in degree of intensity of emotions expressed. (2)
Reduced Social Drive	MILD-Reduction in desire to initiate social contacts. The patient has few social relationships and these social contacts are enjoyable. (3)
Grooming	MINIMAL-Minimal reduction in grooming and hygiene. (2)

Positive Symptoms 11 0=Best 24=Worst **Negative Symptoms** 8 0=Best 20=Worst

Previous Positive Sx 11 **Previous Negative Sx** 8

☐ Unreported Due To Lack of Rapport ☐ Patient Uncooperative

☐ Unreported Due To Negative Symptoms ☐ Difficult to Assess Due to Formal Thought Disorder

Confidence in assessment 0=Not at all 5=Very confident 3

Comments MSE

I/P said he's "doing fairly nice...young man with me has a very good spirit. I explained my situation; he kinda adapts to it." He said "Its my intentions to comply...In order for me to get whatever help is necessary to do." He said "I been up since 12 (mighnight). I pray at night." ..The best time to connect with God is when its still, peace."

Participation	Motivation	Condition	ADLS
Sometimes	Fair	Marginal	Fair

MENTAL HEALTH EVALUATION and TREATMENT PLAN
CDC MH 2
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Confidential Client/Patient Information
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LEVEL OF CARE
EOP

CDC# P19908
Last Gatlin First Fredrick
DOB 6/13/54 Institution CMF
Eth Bla House N-237I

EVALUATION AND TREATMENT PLAN (MH 2 P2)

Date 11/30/04

Current Working Diagnosis

Axis I

295.70 Schizoaffective Disorder

304.80 Polysubstance Dependence, Institutional Remission

Axis II

301.9 Personality Disorder NOS with narcissistic and antisocial features

Axis III

Hepatitis, seizures, chronic pain

Axis IV

Incarceration

Axis V

45 Calculated GAF

45	45	45	45
Psych Impair	Soc Skill	danger	adl

Keyhea Expires

AIMS	Date
0	7/26/02
0	10/23/02
0	1/15/03
0	4/29/03
0	4/15/04

Diagnostic Comments:

(1/15/03) Diagnostic picture remains essentially unchanged. (4/29/03) relative to past team's evaluation shows improvement is some areas (hallucinations, cooperation, med compliance) however consistent areas for improvement are unusual thoughts, suspiciousness, isolation. (4/04) Dx is constent with report symptoms (visual Hallucination, suspiciousness, isolation, delusions).

Treatment Plan Problem List	Objectives	Plan/Modality
Delusions/hallucinations	Reduce Psychotic Symptoms	1:1 Case Management
		Medication (Refuses)
		Groups: Coping Skills, Living Skills, Houses of Healing,RT
Paranoia	Improve Coping Skills	1:1 Case Management
		Medication (Refuses)
		Groups: Bibliotherapy, RT
		Autobiographics, Curr.Events.
Withdrawal	Decrease Maladaptive Behavior	1:1 Case Management
		Medication (Refuses)
		Groups: Coping Skills, Living Skills, ADL, Health Education

Medications

- Timolol .5% Opth Sol 10ml 1 Drop In Each Eye2 Times Daily
- Targeted Monitored Drug Gabapentin800mg Tid
- Gabapentin 800mg Tablet 1 Tab Tid*tmd-p Pending*
- Baclofen 10mg 1 Tid Prn Spasm/pain
- Maalox Extra Strength 1 Teaspoonsful(5cc) 4times Daily As Needed

Med Compliant: No

Clozapine Date:

Clozapine Months:

Drug Allergies: None Known

Side Effects:

There is NO evidence of any side effects.

Weight (lbs)	19908	261	266	261	269
Date	1/15/03	7/21/03	4/15/04	6/21/04	11/30/04
% Change		-98.7%	-98.7%	-98.7%	-98.6%

MENTAL HEALTH EVALUATION and TREATMENT PLAN
CDC MH 2
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Confidential Client/Patient Information
Department of Corrections State of California

LEVEL OF CARE: EOP

CDC# P19908

Last Gatlin First Fredrick

DOB 6/13/54 Institution CMF

Eth Bla House N-237I

EVALUATION AND TREATMENT PLAN (MH 2 P3) Date 11/30/04

Laboratory Studies:

Current Behavior Alerts:

Alerts:	Suicide	Aggression	Self Injury	Unpredictable	Sexual
Behavior Alerts	Low	Low	Negligible	Low	Negligible

(MH4, 4/17/01) "IM reports history of 2 suicide attempt--1974 drank Brasso, 1988 cut wrist. IM denies any suicidal ideation or intent, however he states, ":I want it all to end right now, but its against my beliefs." IM states tat he cannot have cellmate as he would not be able to tolerate it." As of 11/30/04, IP reports he is doing well with his new cellie. He is not requesting a single cell.

Subjective Complaints:

I/P seen for IDTT.I/P said he is "doing fairly nice...young man with me has a very good spirit...I explained my situation, he kinda adapts to it....I been up since 12. I pray at night...the best time to connect with God is when its still, peace." He said "its my intentions to comply in order for me to get whatever help.. is necessary to do." His mood and thinking are "Okeedoke." His eating, "I just eat once a day, in the morning..food irritates my stomach....."I get sick and I throw up." Denies SI/HI. He does not want to go to O.T. In

Objective Findings:

I/P's LOC was changed from CCCMS to EOP on 11/24/04. He was not doing well on CCCMS. It was reported "he sleeps during the day and is awake at night. He talks to demons and angels. He believes he is going to die soon from his physical ailments because the angels told him so. As of 11/30/04, I/P said he does not need a single cell and he will program;he has serious medical problems. The c/o reports no problems with I/P.

Current Assessment:

I/P speaks slowly. He appears marginal with slight improvement in this structured EOP setting Refuses psychotropic medication.

Current Plan and Treatment Recommendations:

IDTT recommends: Continue with EOP LOC. Delusions/hallucinations, paranoia, and withdrawal will be treated with medication (refuses); individual case management contact and groups. The group therapy programming requirements were reviewed with I/P. He is not interested in going to O.T. He is not appropriate for therapeutic work activity.

ICC Advocate **No**

Treatment Team	N-2	Title	Signature
Kaw		Team Leader	
Durbin		Case Manager	
Zafra		R.N.	
			present
Hancock		Counsellor	YES

☒ **ITP Referral Considered**

Patient Needs to be Seen by IDTT within: **90** Days

Next Review before: **2/28/05**

☐ Deaf
☐ Hard of Hearing **Clark Track**

MENTAL HEALTH EVALUATION and TREATMENT PLAN
CDC MH 2
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Confidential Client/Patient Information
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LEVEL OF CARE
EOP

CDC# **P19908**
Last **Gatlin** First **Fredrick**
DOB **6/13/54** Institution **CMF**
Eth **Bla** House **N-237I**

EXHIBIT . . . . . D

INSTITUTION CMF ARRIVAL TIME 1820 DATE 8/4/05
ARRIVAL: [✓] Ambulatroy [ ] Wheel Chair
[ ] Gurney [ ] Ambulance
HISTORIAN: [✓] Patient [ ] Other
LOC: [✓] A & O X3 [ ] Compromised
GLASGOW COMA SCALE (3-15)
LMP Last Tet.

SEX M F RACE Blk HEIGHT WEIGHT
CHIEF COMPLAINT "I have chest pain"
ALLERGIES
MEDS
CHRONIC ILLNESS

TIME	B/P	PULSE	RESP.	TEMP.	Pa02
1821	112/67	85	18	97.8	96%
1829	115/67	83	18		96%

c/o chest pain; ⊝ diaphoresis; facial expression ⊝ S/S of distress/pain; skin is warm + dry; pink mucosa; ⊝ SOB; ⊝ distress

1830 Tylenol gr x po + Maalox 30cc po given

[ ] See attached CDC 7254

RN/MTA Sign: [signature] Date: 8/4/05

EKG: Normal, NSR 89/mt.

PHYSICIAN'S EXAMINATION AND HISTORY
S) came c/o CP, mild parasternal area occurred when he bent down to clip his toe nails; mild, no radiation, no SOB ⊝ N/V ⊝ sweating
No Hx of HTN, DM, CAD

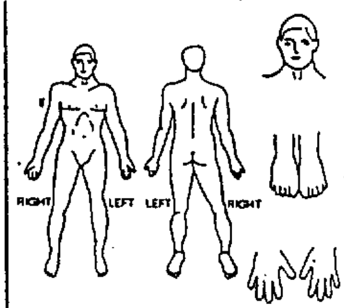
O) VS, comfortable
HEENT ⊝ Neck: ⊝ JVD Chest: Minimal parasternal tenderness in the middle, CTA
CVS: normal

[ ] See attached CDC 7254

PHYSICIAN'S STAT ORDERS (Check Mark)
[✓] VS Q__Min. [ ] BS Finger [ ] Foley Cath
[ ] 02 NC/Mask [ ] CBC [ ] U/A
__L/Min. [ ] Drug Screen [ ] X-Ray
[✓] Pa02 Sat [ ] IV Sol____ [ ] ABG's/Lytes
[✓] ECG Monitor ____ [ ] HHN Proventil
[✓] 12 Lead ECG Rate____ 0.5cc/NS 2.5cc
[ ] Peak Flow

Abd ⊝
Ext ⊝
Neuro ⊝

ORDERS NOTED BY: A) Chest wall pain
P) Tylenol, Maalox; F/u.



ADDITIONAL PHYSICIAN'S ORDERS

[ ] See attached CDC 72

DISCHARGE DX: Chest wall pain
FOLLOW-UP/REFERRAL: PCP
CONDITION OF PATIENT ON DISCHARGE: Stable
DISPOSITON OF PATIENT:
[✓] Discharged to House: amb [ ] Expired: Notification Given to:
[ ] Transferred to: [ ] Custody [ ] Relatives
[ ] Admitted to: [ ] Coroner [ ] Hosp. Admin.
[ ] Discharge Instructions Given? Time of Death:
Time of Discharge: 1837
PHYSICIAN'S SIGNATURE: [signature] DATE: 8/4/05

51 y.o.

Name, CDC Number, Housing, DOB
GATLIN Fredrick
P 19908
N 212 L

EMERGENCY SERVICES ADMISSION CDC 7286 (11/95)
DEPARTMENT OF CORRECTIONS, STATE OF CALIFORNIA
Distribution: Orig - Patients Health Record, Yellow - Emergency Room, Pink - Pharmacy

DATE	TIME	
10/11/05	1330	S= F/U labs
		O= T97.2 P 88 R 18 BP 120/60 wt. 242
		Causten LVN
		Followed for Chronic HCV + HTN. See Rx profile.
		Pt claims well but c/o SOB x months.
		Has lost weight on liquid diet. Has stopped
		Interferon 2° anemia. Has not been on Epogen
		Also c/o (L) ant. chest pain x months, non
		exertional, reproducible by pressure or palpation
		on chest. Also c/o (L) knee discomfort
		and (L) shoulder discomfort ✓ c̄ analgesic balm.
		O: V/S above
		PE - Chest clear to A+P.
		Cor RRR w/ S1S2 c̄ no m/g/r
		Abd soft NT c̄ organ/masses
		Ext - ∅ c/c/edema
		lab Hgb n WNL
		A:
		S/p Interferon Rx for HCV Complicated by Anemia + [illegible]
		HTN - good Control
		P: D/C Baclofen + Epogen
		Continue meds.
		RTC 90 Days
		[signature]

INSTITUTION: CMF

PHYSICIAN: E. Re: OA4 D/D + lab

ROOM NO.: I-141L

CDC NUMBER, NAME (LAST, FIRST, MI): Gatlin, Fredrick P-19908 6/13/54

PHYSICIAN'S PROGRESS NOTES

CDC 7230 (7/90)

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

DATE	TIME	
~~12-0935~~		S: Pain in Hands and Fingers
12-5-05	0935	O: BP 107/72 T 99.3 P 78 R 20 Wt. 247 lbs

Pt now has swelling stiffness + pain of both hands. & L in knees or hips. & Elbow jt & Shoulder jt. involved. No feet involvement. Pt requests that he have his pill legend diet renewed. I explained to pt that he does not need any special diet and he needs to lose wt. because he is obese. Pt also requests Thorazine and this was renewed. Pt also requests eye examinations - informed that he does not qualify for eyeglasses matters. Pt. wants me to note that he needs ADAs room

Cannot make grip relat.
& Swelling of jts.

Lab - RA ⊖ 1/8 (WNL < 14)

A:
Synovitis ? Rh. Arthritis v. Hep. C. related
Chronic HCV
Morbidly obese

P: ✓ Xrays. RTC

INSTITUTION: CMF HOUSING UNIT: E: W/C

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH: P-19908 Gatlin, Frederick 6/13/57 M BLK

Revised Address

INTERDISCIPLINARY PROGRESS ~~NOTES~~

CDC 7230 (Rev 04/03)
STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

chart not available

CHRONIC CARE VIS.

List chronic diseases: (1) SZ ; (2) HTN ; (3)

HISTORY: (Attach a progress note form, if needed, to provide a more complete history.)

☐ Pharmacy profile attached (or list current medications here)

WT 245 T98.1 P85 R-18 BP 102/73 RN Signature

Complaints/Problems:

CV / Hypertension: Chest Pain. Yes No SOB. Yes No

Diabetes Mellitus: # of hypoglycemic reactions since last visit:

Seizure Disorder: # seizures since last visit: none

ALL DISEASES: other new symptoms: Yes No. (if YES explain)

Asthma: # attacks since last visit:
short acting beta agonist canisters in last month:
visits to ETA for asthma since last visit:
times awakening with asthma symptoms per week:

Additional History: 51yo AA male hx of SZ, no SZ since last visit: Having pain on hand, RF 181, on Methadone unable to take Motrin. due to GI side effect. Have X-ray pending

CCP compliance with medications (yes) no diet: (yes) no exercise: (yes) no
If no, describe:

EXAM: HEENT/Neck: No redness in throat Rectal:

Heart: RRR ⊖ murmur Neurological:

Lungs: CTA ⊖ wheezing Other (specify)

Abdomen: obese (+) BS NT ⊖ mass

Extremities/Pulses: Hand no swelling, redness, deformity

Comments on BP & Glucose Monitoring, labs: BP 100/73

ASSESSMENT: Diagnoses

Diagnoses	Degree of Control: G	F	P	NA	Clinical Status: I	S	W	NA
1 SZ none since last visit	☒	☐	☐	☐	☐	☒	☐	☐
2 HTN Good Control	☒	☐	☐	☐	☐	☐	☐	☐
3 RF positive Hep C (+)	☐	☐	☐	☐	☐	☒	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐

PLAN: will do a trial of Salicylate 500mg Bid x 21dy, F/u
Medications: 3wk, Continue SZ med. If pain continue Rheum Consult

Diagnostics: ⊖

Labs: ⊖

Monitoring: ☒ BP: X day / week / month ☐ Glucose: X day / week / month ☐ Peak flow ☐ Other:

Education provided: ☒ Nutrition ☒ Exercise ☒ Smoking ☒ Test Results ☒ Medication Management
☐ Other (specify):

Referral. ☐ Specialist (indicate type): ☐ Other Chronic Care Program (specify):

days to next visit: ☐ 90 ☐ 60 ☒ 30 ☐ Other: ☐ Discharge from CCP (specify):

Provider Signature [signature] Date 12/15/05

CDC NUMBER, NAME (LAST, FIRST, MI) INSTITUTION
Gatlin Fredrick
P-19908

OUTPATIENT INTERDISCIPLINARY PROGRESS NOTES

CDC 7254 (4/97) REV
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CHRONIC CARE VISIT

DATE	TIME	
5-16-06	1705	Vital signs: RR 20 P 71 T 97. BP 99/66 Wt. 260.5
		Subjective: (reason for visit, and/or patient's complaints)
		Blood in stool, neck & Back pain, chronic issue [illegible]
		[illegible]
		[illegible] SOB but did not have [illegible]
		[illegible] SOB. Still having UTI [illegible] wants to continue Doxycycline
		Objective: (include physical exam, results of diagnostic studies) wants [illegible] 10 [illegible]
		VS above
		Chest clear to A&P [illegible]
		Cor RRR [illegible]
		Abd soft NT [illegible]
		Ext - [illegible]
		Lab - Urine UA or Chlamydia - Neg
		Assessment, diagnoses:
		HTN - Good Control
		Chronic Hip Pain
		Angina - Atypical - Pending Cardiology
		Seizures
		[illegible]
		Plan: [illegible] 10 [illegible]
		[illegible] Otic [illegible] x 7 Day
		Continue Doxycycline x 2 wk
		Education Provided: Re: [illegible] + [illegible] Doxycycline Re + Otitis [illegible] Re
		Clinician Signature: [signature]

INSTITUTION

ROOM/WING

CDC NUMBER, NAME (LAST, FIRST, MI)

P-19908
GATLIN, FREDRICK
06/13/54 M BLK

OUTPATIENT INTERDISCIPLINARY PROGRESS NOTES

CDC 7254 (8/89)
STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

STATE OF CALIFORNIA

EMERGENCY CARE FLOW SHEET

DATE: 6-7-06

MT IN	TIME OUT
1006	1045

PATIENT NAME (LAST, FIRST)	CDC NUMBER	HOUSING	DOB
GATLIN, Fredrick	P19908	T 1416	6-13-54

TIME OF INCIDENT	LOCATION OF INCIDENT	MODE OF ARRIVAL
APPROX 0830	LAW LIBRARY	Escort

STAFF NAME (LAST, FIRST)	OCCUPATION	SEX	AGE	DOB

CHIEF COMPLAINT: CHEST PAIN

TB CODE:

DATE OF LAST TETANUS:

MECHANISM OF INJURY	SKIN COLOR	SKIN TEMP	SKIN MOISTURE	CAPILLARY REFILL
☐ STABBING	☒ NORMAL	☐ HOT	☒ NORMAL	☒ < 2 SECONDS
☐ PHYSICAL ALTERCATION	☐ PALE	☒ WARM	☐ DRY	☐ > 2 SECONDS
☐ GUNSHOT WOUND	☐ ASHEN	☐ COOL	☐ MOIST	☐ NONE
☐ BURN	☐ CYANOTIC	☐ COLD	☐ PROFUSE	
☐ SPORTS INJURY	☐ FLUSHED			
☐ ON THE JOB INJURY				
☐ OTHER NONE				

GLASGOW COMA SCALE — 6/9/////

EYE OPENING RESPONSE	SPONTANEOUS	(4)
	TO VOICE	3
	TO PAIN	2
	NONE	1
BEST VERBAL RESPONSE	ORIENTED	(5)
	CONFUSED	4
	INAPPROPRIATE WORDS	3
	INCOMPREHENSIBLE SOUNDS	2
	NONE	1
BEST MOTOR RESPONSE	OBEYS COMMAND	(6)
	LOCALIZES PN.	5
	WITHDRAWS PN	4
	FLEXION PN.	3
	EXTENSION PN.	2
	NONE	1

LUNG SOUNDS	RT	LT
	☒	☒
CLEAR		
WHEEZES	☐	☐
RALES	☐	☐
RHONCHI	☐	☐
DIMINISHED	☐	☐
ABSENT	☐	☐

RESP. CHARACTER
- ☐ LABORED
- ☒ UNLABORED
- ☐ PAINFUL
- ☐ SHALLOW
- ☐ DEEP
- ☐ RETRACTION
- ☐ NASAL FLARING

EVIDENCE OF TRAUMA
- ☐ CHEST
- ☐ HEAD
- ☐ ABDOMEN
- ☐ NECK
- ☐ G/U
- ☐ EXTREMITIES
- ☐ PELVIS
- ☐ OTHER
- ☐ BACK SPINE

NONE

TIME / PUPIL RESPONSE / PUPIL SIZE

KEY C-CLOSED B-BRISK SL-SLUGGISH F-FIXED

3 4 5 6 7 8

VITALS	TIME	TEMP	PULSE	RESP	BP	SaO2	CURRENT MEDICATION
	1010	97.6	54	20	101/58	98	TOOK 2 NITROS
	1022	—	57	20	111/61	97	BEFORE CODE 6 TO
	1040	—	57	20	106/61	98	ER

IV	TIME	SOL	SITE	GAUGE	RATE

MEDICATION ALLERGIES

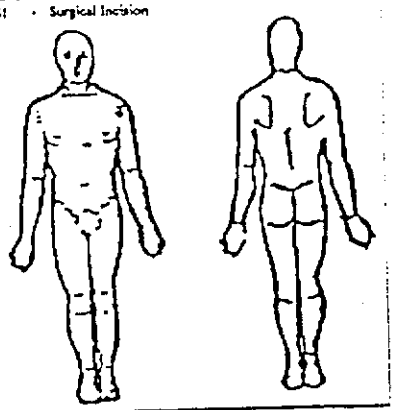
MEDICATION GIVEN IN ER

O2 ADMIN	TIME	ROUTE	RATE	SaO2

NTG 0.4 mg SL 1016

ABBREVIATION CODE

Ab	Abrasion	E	Edema
Amp	Amputation	F	Closed Susp. Fracture
Av	Avulsion	H	Hematoma
B	Burn	L	Laceration
C	Percent	P	Petechiae
CF	Compound Frac.	R	Rash
EC	Ecchymosis	S	Scar
ENT	Entrance Wound	Ex	Exit Wound
SI	Surgical Incision		



SOAP NOTATIONS

SUBJECTIVE: (PATIENT'S STATEMENTS, HISTORY) "I'M HAVING CHEST PAIN"

OBJECTIVE: (PHYSICAL EVALUATION) C/O SHARP PAIN @ CHEST

TOOK TWO NITROS, STILL HAVING CHEST PAIN

ASSESSMENT: (NURSING DIAGNOSIS) ALTERATION IN COMFORT

R/T CHEST PAIN

PLAN: (PT EDUCATION, FOLLOWUP, MD ORDERS, ETC.)

F/u c PCP 1 WK

PRINT NAME	SIGNATURE	
RN, HELFRICH, J.		RN/MTA/MD
		RN/MTA/MD
		RN/MTA/MD

SUPERVISOR REVIEW

PATIENT DISPOSITION
- ☒ RETURN TO CUSTODY
- ☐ ADMIT TO INFIRMARY / HOSPITAL
- ☐ TRANSPORT TO COMM. HOSPITAL VIA
  - ☐ AMBULANCE
  - ☐ STATE VEHICLE
- ☐ RELEASED TO CORONER

PATIENT CONDITION ON DISCHARGE
- ☒ STABLE ☐ UNSTABLE
- ☐ DECEASED TIME 1044

CDC 7403 (04/03) EMERGENCY CARE FLOW SHEET

DATE	TIME	NOTES
6/7/06	10:30	C/C: (L) chest hurts off + on. I took 3 ntg with no relief but in ER OD c̄ 1 SL ntg pain relieved
		∅ associated N/V/ diaphoresis, SOB.
		O/E Obese B/M. VSS. ∅ distress.
		Points to (L) nipple area. C/P mildly reproducible
		lungs clear, AS ARR S1S2
		Extr ∅C/C/E
		(A) Pt c̄ atypical C/P. Has been referred to Cardiology
		by PCP. EKG = ∅ac ST-T Δ. Sinus Bradycardia.
		(P) Cont current meds. F/u c̄ Cardiology
		[signature]

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

GATLIN, Fredrick I/Yll

P19908

DOB 6-13-54

STATE OF CALIFORNIA

EMERGENCY CARE FLOW SHEET

DATE: 06-28-05

TIME IN: 0747 | TIME OUT: 1100

PATIENT NAME (LAST, FIRST): Gatlin, Frederick
CDC NUMBER: P19968
HOUSING: I 141
DOB: 06-13-54

TIME OF INCIDENT:
LOCATION OF INCIDENT:
MODE OF ARRIVAL: Guerney

STAFF NAME (LAST, FIRST):
OCCUPATION:
SEX: M | AGE: 52 | DOB:

CHIEF COMPLAINT: Chest pain last Nov. took Ntg ... 536
TB CODE:
DATE OF LAST TETANUS:

MECHANISM OF INJURY	SKIN COLOR	SKIN TEMP	SKIN MOISTURE	CAPILLARY REFILL
☐ STABBING	☒ NORMAL	☐ HOT	☐ NORMAL	☐ < 2 SECONDS
☐ PHYSICAL ALTERCATION	☐ PALE	☒ WARM	☒ DRY	☐ > 2 SECONDS
☐ GUNSHOT WOUND	☐ ASHEN	☐ COOL	☐ MOIST	☐ NONE
☐ BURN	☐ CYANOTIC	☐ COLD	☐ PROFUSE	
☐ SPORTS INJURY	☐ FLUSHED			
☐ ON THE JOB INJURY				
☒ OTHER N/A				

LUNG SOUNDS	RESP. CHARACTER	EVIDENCE OF TRAUMA
RT / LT		
☐ CLEAR ☐	☐ LABORED	☐ CHEST ☐ HEAD
☐ WHEEZES ☐	☒ UNLABORED	☐ ABDOMEN ☐ NECK
☐ RALES ☐	☐ PAINFUL	☐ G/U ☐ EXTREMITIES
☐ RHONCHI ☐	☐ SHALLOW	☐ PELVIS ☐ OTHER N/A
☐ DIMINISHED ☐	☐ DEEP	☐ BACK SPINE
☐ ABSENT ☐	☐ RETRACTION	
	☐ NASAL FLARING	

GLASCOW COMA SCALE

EYE OPENING RESPONSE	SPONTANEOUS / TO VOICE / TO PAIN / NONE	4 4 4 4 4 / 3 3 3 3 3 / 2 2 2 2 2 / 1 1 1 1 1
BEST VERBAL RESPONSE	ORIENTED / CONFUSED / INAPPROPRIATE WORDS / INCOMPREHENSIBLE SOUNDS / NONE	5 5 5 5 5 / 4 4 4 4 4 / 3 3 3 3 3 / 2 2 2 2 2 / 1 1 1 1 1
BEST MOTOR RESPONSE	OBEYS COMMAND / LOCALIZES PN. / WITHDRAWS PN / FLEXION PN. / EXTENSION PN. / NONE	6 6 6 6 6 / 5 5 5 5 5 / 4 4 4 4 4 / 3 3 3 3 3 / 2 2 2 2 2 / 1 1 1 1 1

(4 circled for eye opening, 5 circled for verbal, 6 circled for motor)

TIME / PUPIL RESPONSE / PUPIL SIZE

KEY C-CLOSED B-BRISK SL-SLUGGISH F-FIXED

3 4 5 6 7 8

VITALS

TIME	TEMP	PULSE	RESP	BP	SaO2	CURRENT MEDICATION
0749	96.8	73	24	124/77	98%	(See profile)

IV

TIME	SOL	SITE	GAUGE	RATE	MEDICATION ALLERGIES

MEDICATION GIVEN IN ER

O2 ADMIN

TIME	ROUTE	RATE	SaO2
0800	NC	4 l/min	98

SOAP NOTATIONS

SUBJECTIVE: (PATIENT'S STATEMENTS, HISTORY) chest pain since last night

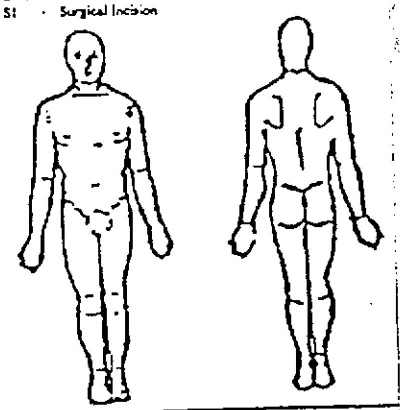
OBJECTIVE: (PHYSICAL EVALUATION) Alert, Oriented x3.

ASSESSMENT: (NURSING DIAGNOSIS) Chest pain

PLAN: (PT EDUCATION, FOLLOWUP, MD ORDERS, ETC.) Refer to MD
F/u PCP 7-10 days

ABBREVIATION CODE

Ab - Abrasion	E - Edema		
Amp - Amputation	F - Closed Sup. Fracture		
Av - Avulsion	H - Hematoma		
B - Burn	L - Laceration		
...S - Percent	P - Petechia		
CP - Compound Frac.	R - Rash		
EC - Ecchymosis	S - Scar		
ENT - Entrance Wound	Ex - Exit Wound		
SI - Surgical Incision			



PRINT NAME	SIGNATURE	
P. Schaukn... RN	H. Schauknecht RN	RN/MTA/MD
		RN/MTA/MD
		RN/MTA/MD

SUPERVISOR REVIEW

PATIENT DISPOSITION
☒ RETURN TO CUSTODY
☐ ADMIT TO INFIRMARY / HOSPITAL
☐ TRANSPORT TO COMM. HOSPITAL VIA:
☐ AMBULANCE
☐ STATE VEHICLE
☐ RELEASED TO CORONER

PATIENT CONDITION ON DISCHARGE
☒ STABLE ☐ UNSTABLE
☐ DECEASED TIME____

CDC 7403 (04/03) EMERGENCY CARE FLOW SHEET

DATE	TIME
6/29/06	0845

Vital signs: RR 20 P 76 T 98.1 BP 96/65 F/U 96/60

Subjective: (reason for visit, and/or patient's complaints)

F/u for heart problem

52 y.o. B/M c multiple medical problems, including. Seizure Dx, LBP, ? glaucoma, Hepatitis C, HTN, etc. Recently seen in ER for episode of bradycardia. BB was discontinued.

Objective: (include physical exam, results of diagnostic studies)

Gen: Obese. AAO x3. In NAD. Arrives via W/C. Cooperative. Affect WNL. NAD.

Lungs: CTA

CV: RRR, ø murmurs ø rub.

↑ Extremities: ø swelling, ø clubbing

↓ Extremities: ROM - intact. ø edema.

Assessment, diagnoses:

(1) S/P Bradycardia

(2) Xerosis

Plan:

(1) Discontinue BB

(2) Body lotion. Apply to affected Area daily as Needed.

(3) ASA 325mg T P.O. BID

(4) F/U IM 1 month. (5) Multivitamin 5mg QDay

Education Provided:

(1) Drink ↑ H_2O

(2) Cut down on Na^+

Clinician Signature:

(3) Continue Temp Wt. J. Hampton, FNP

INSTITUTION: CMF ROOM/WING:

CDC NUMBER: P-16408 NAME (LAST, FIRST, MI): CATLIN, FREDRICK

06/13/54 M BLK

OUTPATIENT INTERDISCIPLINARY PROGRESS NOTES

7254 (R/89)
TE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

DATE	TIME	
		CMF UROLOGY CLINIC – Dr. Athanassious
7/20/04		f/u
		July both
		Noct ↓
		frequency ↓
		Contin Sm [illegible]
		NABIL F. ATHANASSIOUS M.D., FRCS, FICS CHIEF OF SURGERY
		GI Clinic (CMF)
7/26/04		referred for anemia
		h/o hep C
		⊕VL NH₃ [illegible]
		relates h/o intermittent melena
		stool OB ⊖ ×3 5/04
		Abd soft, nontender
		A – ? UGI source of anemia (bleeding)
		Hep C – ? q [illegible]
		P – EW
		HCV genotyping
		may need UGI
		[signature]

INSTITUTION | PHYSICIAN | ROOM NO. | CDC NUMBER, NAME (LAST, FIRST, MI)

Gatlin, Fredrick
P19908
6/13/54

PHYSICIAN'S PROGRESS NOTES

TION _____ ARRIVAL TIME 1920 DATE 11-18-04

[ ] Ambulatroy [ ] Wheel C[illegible]
[ ] Gurney [ ] Ambulance
RIAN: [ ] Patient [ ] Other _____
: [ ] A & O X3 [ ] Compromised
SGOW COMA SCALE (3-15) _____
LMP _____ Last Tet. _____

TIME	B/P	PULSE	RESP.	TEMP.	Pa02
1925	140/80	65	18	98.3	96%

SEX ___ RAC[illegible] ___ HEIGHT ___ WEIGHT ___
CHIEF COMPL[illegible]NT Coughing up blood after noon of the day
ALLERGIES 0
MEDS 0

CHRONIC ILLNESS
Hx coughing up blood
Starting today Hx after noon
Chest pain 4 pt 2025

[ ] See attached CDC 7254

RN/MTA Sign: [signature] Date: 11-18-04

PHYSICIAN'S EXAMINATION AND HISTORY

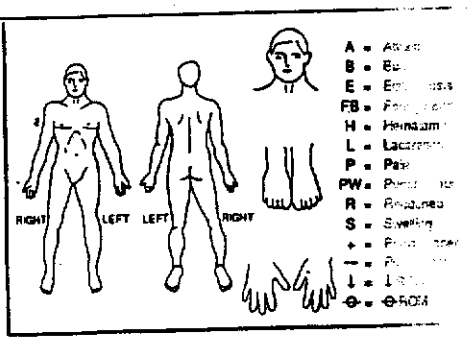
See PPN

[ ] See attached CDC 7254

PHYSICIAN'S STAT ORDERS (Check Mark)

/S Q__Min. [ ] BS Finger [ ] Foley Cath
[ ] 02 NC/Mask [ ] CBC [ ] U/A
___L/Min. [ ] Drug Screen [ ] X-Ray _____
[ ] Pa02 Sat [ ] IV Sol____ [ ] ABG's/Lytes
[ ] ECG Monitor _____ [ ] HHN Proventil
[ ] 12 Lead ECG Rate_____ 0.5cc/NS 2.5cc
[ ] Peak Flow

ORDERS NOTED BY: _____



ADDITIONAL PHYSICIAN'S ORDERS

[ ] See attached CDC 72[illegible]

DISCHARGE DX: _____
FOLLOW-UP/REFERRAL: PCP
CONDITION OF PATIENT ON DISCHARGE: _____

DISPOSITON OF PATIENT:

[X] Discharged to House: 2045 [ ] Expired: Notification Given to:
[ ] Transferred to: _____ [ ] Custody [ ] Relatives
[ ] Admitted to: _____ [ ] Coroner [ ] Hosp. Admin.
[ ] Discharge Instructions Given? ____ Time of Death: _____
Time of Discharge: _____
PHYSICIAN'S SIGNATURE: DATE: 11/18/04

Name, CDC Number, Housing, DOB
Gatlin
P19908
6-13-54

EMERGENCY SERVICES ADMISSION CDC 7286 (11/95)
DEPARTMENT OF CORRECTIONS, STATE OF CALIFORNIA
Distribution: Orig - Patients Health Record,
Yellow - Emergency Room, Pink - Pharmacy

DATE	TIME	
1/26/05		S: F/u appt
		O: Wt 245 T98.0 P. 82 R-20 bp 130/86
		[illegible]
		Pt here for follow up of anemia leukopenia
		2° Interferon. Pt received Epogen but
		no lab done. On multiple meds - see profile.
		Pt sent to lab now. Will RTC 1-2d. Promethazine
		& liquid diet reordered. Donald [illegible]

INSTITUTION	PHYSICIAN	ROOM NO.	CDC NUMBER, NAME (LAST, FIRST, MI)
CMF			Gatlin, Fredrick P19908

PHYSICIAN'S PROGRESS NOTES

CDC 7230 (7/90)
STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS

DATE	TIME	
8/4/05	105	S: Don't Know Why I'm here O: B 99/65 P76 R18 T 97.8 WT 240 Allegro
	1320	PT. VERY WEAK AND SOB. POSSIBLY ANEMIC + DEHYDRATED WILL SEND TO BI + OBTAIN STAT LAB Donald Allen
		EVALUATED IN BI - NO ORTHOSTATIC BPAS O2 SAT 100%. CHEST CLEAR TO AUP COR RRR (M HS S (-) GALLOP
		LAB HGB 9.9 WBC 2.5 K CXR - @ ACUTE
		ASSESSMENT CHRONIC LIVER DISEASE - ON INTERFERON/RIBAVARIN ANEMIA/LEUCOPENIA PROBABLY 2D ABOVE Rx
		PLAN HOLD Rx. REPEAT CBC ÷ WK. MAY NEED NEUPOGEN/EPOGEN - WILL CONTACT HEMATOLOGY 128 - W/C PER REQUEST

INSTITUTION	PHYSICIAN	ROOM NO.	CDC NUMBER, NAME (LAST, FIRST, MI)
CMF	CALVO	I 141L	GATLIN, Fredrick P 19908 6/13/54.

EOM - RE: ABOVE PLAN AND MONITORING.
Donald Allen

PHYSICIAN'S PROGRESS NOTES

CDC 7230 (7/90)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CHRONIC CARE VIS

List chronic diseases: (1) Hepc ; (2) _____ ; (3) _____

HISTORY: (Attach a progress note form, if needed, to provide a more complete history.)

☒ Pharmacy profile attached (or list current medications here) T 97.2 P 83 R 20 B/P 103/72
todays wt: 238
pmmk
RN Signature

Complaints/Problems:

CV / Hypertension: Chest Pain: Yes No SOB: Yes No

Diabetes Mellitus: # of hypoglycemic reactions since last visit: ____

Seizure Disorder: # seizures since last visit: _____

ALL DISEASES: other new symptoms: Yes No (if YES explain) _____

Asthma: # attacks since last visit: _____
short acting beta agonist canisters in last month: _____
visits to ETA for asthma since last visit: _____
times awakening with asthma symptoms per week: _____

Additional History: pt with hep c genotype 1a, liver Bx result - grade 2, Stage 2-3 c/w - was on peg-intron and ribavirin from 6/7/05 - 8/25/05. ? Rx discontinue because pt can't tolerate Rx and has severe anaemia & decompensation.

CCP compliance with medications: yes no diet: yes no exercise: yes no => pt feel

If no, describe:

EXAM: *HEENT/Neck:* pt feels OK on Rx D/C *Rectal:*

Heart: and started on epogen *Neurological:*

Lungs: Hgb improved from 9 to 13.1 (9/26/05) *Other (specify)* WBC/ANC 4.7/2.6

Abdomen:

Extremities/Pulses:

Comments on BP & Glucose Monitoring, labs
9/26/05
H/H - 13.1/39.7 plt 359

ASSESSMENT: Diagnoses	Degree of Control G	F	P	NA	Clinical Status I	S	W	NA
1 Hepc => D/C Rx because pt	☐	☐	☐	☐	☐	☐	☐	☐
2 couldn't tolerate Rx.	☐	☐	☐	☐	☐	☐	☐	☐
3 => desire want to restart Rx	☐	☐	☐	☐	☐	☐	☐	☐

PLAN:
Medications: alone c peginp.
=> need schedule pt to clinic in ≥ 6 month
Diagnostics: to see about new development in Rx
Labs: - pt advised about risk reduction.

Monitoring: ☐ BP: X day / week / month ☐ Glucose: X day / week / month ☐ Peak flow ☐ Other:

Education provided: ☐ Nutrition ☐ Exercise ☐ Smoking ☐ Test Results ☐ Medication Management
☐ Other (specify): Rtc in 1 week f results CBC.

Referral: ☐ Specialist (indicate type): ☐ Other Chronic Care Program (specify):

days to next visit: ☐ 90 ☐ 60 ☐ 30 ☒ Other: 6 month ☐ Discharge from CCP (specify):

Provider Signature _____ Date 9/30/05

OUTPATIENT INTERDISCIPLINARY PROGRESS NOTES

CDC 7254 (1/99) REV. 01/02
STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

CHRONIC CARE VISIT

CDC NUMBER, NAME (LAST, FIRST, MI), INSTITUTION
Gatlin, Frederic I141
P19908
6/13/54 CMF

CHRONIC CARE VIS

List chronic diseases: (1) Chronic Hepc. ; (2) HTN ; (3)

HISTORY: (Attach a progress note form, if needed, to provide a more complete history.)

☒ Pharmacy profile attached (or list current medications here) T-97.7 P-59 R-20 B/P-114/70

today's wt: 256

RN Signature

Complaints/Problems:

CV / Hypertension: Chest Pain: Yes No SOB: Yes No

Diabetes Mellitus: # of hypoglycemic reactions since last visit:

Seizure Disorder: # seizures since last visit:

Asthma: # attacks since last visit:

short acting beta agonist canisters in last month:

visits to ETA for asthma since last visit:

times awakening with asthma symptoms per week:

ALL DISEASES: other new symptoms: Yes No (if YES explain)

Additional History: > pt here for f/up. Pt with Hx of chronic Hepc infection genotype 1a, ... liver bx ... S2-3 ... pt was started on peg & Rib on 6/7/05 - continued till 8/25/05 - Pt developed anemia started on epogen ... improved on Rx. Pt later came with complaints to PCP himself complaining he absolutely cannot take the meds because of the S/E's ^ his inability to cope with it.

CCP compliance with medications: yes no *diet: yes no* *exercise: yes no*

If no, describe:

EXAM: *HEENT/Neck:* [illegible]

Heart: RRR

Lungs: clear

Abdomen: benign

Extremities/Pulses:

Rectal: he said has lost weight, has poor appetite, unable to

Neurological: eat / weakness / fatigue / generalized debility, as

Other (specify) a result Rx was d/c.

Comments on BP & Glucose Monitoring, labs: pt today complains of intermittent BRBPR ^ tiredness. said would like to pursue Rx again

ASSESSMENT: Diagnoses	Degree of Control G	F	P	NA	Clinical Status I	S	W	NA
> D/W pt about how he is going to take the restarts back in 1. the same Rx c̄ peg + Ribavirin	☐	☐	☐	☐	☐	☐	☐	☐
2. ^ S/E's are the same - would likely	☐	☐	☐	☐	☐	☐	☐	☐
3. experience it again.. will defer	☐	☐	☐	☐	☐	☐	☐	☐

PLAN: Rx at this time

Medications: - D/W pt about risk reduction - alcohol & ... f/U c̄ PCP. ALT q 3-6 mths.

Diagnostics: 2. pt gives Hx of intermittent BRBPR - 1 BP - 114/70 - sitting PR-59 - ✓CBC ✓stool occult x3

Labs: CBC, occult bld x3 pt w/c bound - unable to stand ✓GI refer f CSP sign

Monitoring: ☐ BP: X day / week / month ☐ Glucose: X day / week / month ☐ Peak flow ☐ Other:

Education provided: ☐ Nutrition ☐ Exercise ☐ Smoking ☐ Test Results ☐ Medication Management

☐ Other (specify): f/U PCP in 1 wk

Referral: ☒ Specialist (indicate type): GI ☐ Other Chronic Care Program (specify): f/ above.

days to next visit: ☐ 90 ☐ 60 ☐ 30 ☒ Other: 6 mths ☐ Discharge from CCP (specify):

Provider Signature [signature] Date 3/23/06.

OUTPATIENT INTERDISCIPLINARY PROGRESS NOTES

CDC 7254 (8/99) REV 01/02
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CDC NUMBER, NAME (LAST, FIRST, MI), INSTITUTION

P-19908

CATLIN, FREDRICK

06/13/54 M BLK

CHRONIC CARE VISIT

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME	CDC NUMBER	INSTITUTION
GATLIN, Frederick	P19908	CCCF

DATE OF BIRTH	EPRD DATE	GENDER
6/13/54		M

PRINCIPLE DIAGNOSIS	ICD - 9 CODE	CPT CODE(S)
LGI Bleeding		

REQUESTED SERVICE(S)	# OF DAYS RECOMMENDED
GI	

Please circle all that apply: **Diagnostic Procedure/Consultation** **Outpatient/Inpatient** **Initial/Follow-up**

Requested Treatment/Service is: **EMERGENT** **URGENT** **(ROUTINE)**

For the purpose of retrospective review, if emergent or urgent, please justify: _____

Proposed Provider: GI Anticipated Length of Stay: _____

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): _____

Medical Necessity (*briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant*): LGI Bleeding

Estimated time for service delivery, recovery, rehabilitation and follow-up: _____

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): _____

Comments (diagrams, risk factors, prognosis, alternative management, etc.): _____

REQUESTING PHYSICIAN PRINTED NAME	APPROVED / AUTHORIZED / DENIED / DEFERRED BY	DATE
CARLO		

REQUESTING PHYSICIAN SIGNATURE	DATE	Utilization management tracking #:
[signature]	4/1/16	

DATE OF CONSULTATION	PRINTED NAME OF CONSULTANT

FINDINGS: _____

Fredrick

RECOMMENDATIONS: _____

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: _____

CONSULTANT SIGNATURE	DATE
ETA RN SIGNATURE	DATE
PCP SIGNATURE	DATE

Attach Progress Note page for additional information.

THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Gatlin Fredrick P19908 6/13/54

DISTRIBUTION:
ORIGINAL - FILE IN UHR
GREEN - TO UHR PENDING ORIGINAL
CANARY - CONSULTANT
PINK - UM
GOLD - SPECIALTY SCHEDULER

State of California, Department of Corrections – Institution: ______ Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time: Problem & #. [✓]. Signature, Title & Print (or stamp). Store & File Reverse Chronological Order.

10/29 45 yo 3 strik 27-Life –
1245 Depressed, "overwhelmed
unable to sleep.
Seeing scary faces, seen the
Devil in County Jail.
History 5150's, psych eval at CMF.
Pt stole car, to get back to Davis
Med Center for kidney failure due
To prednisone overdose → kidney failure.
Before that in fed prison for robbing
Bank in Fresno to give mother
Present – History of Bro – hung himself 36
car theft occurred in S Jose saw keys in
Trunk "God said car was for me to
get back to Sac.
obs – affect flat – akinesthesia
Thoughts unclear scattered, blocking
g met very coop friendly
imp agitated depress, Schizophrenia
plan meds
needs EOP eval.

[signature] md Page # ___

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: / First Name: / MI:
CDC Form MH 3 [11/9/95]	Inpatient	Gathin
Confidential Client/Patient Information See W & I Code, Section 5328	Outpatient	CDC # P19908 DOB __/__/__

SWORN DECLARATION OF DWIGHT MARTIN

SWORN DECLARATION OF DWIGHT MARTIN, #J-16019

I, the undersigned, under the penalty of perjury and the laws of the State of California hereby declare and state as follows;

1. I am the declarant; not a party, in the above-entitled cause and a citizen of the United States over the age of eighteen years.

2. I am a California State prisoner restrained of his liberty at the California Medical Facility at Vacaville, California.

3. Shortly after arriving to this institution, on October 26, 2007, I met the petitioner, Frederick Gatlin, and was later informed that he needed assistance in preparing legal documents for this habeas corpus proceeding.

4. I read the pleadings, prepared by another inmate assistant, previously filed by this court and the respondent's motion to dismiss. Realizing that Mr. Gatlin suffered from a mental defect, for which he had been medicated, as well as numerous medical problems, I guided him step-by-step in obtaining his medical and mental health records.

5. In the process of waiting to obtain the aforementioned files, I prepared a motion for extension of time, for Mr. Gatlin, which was subsequently filed and granted by this court.

6. As Mr. Gatlin could not find anyone to assist him in this matter, and he is no longer in direct contact with the inmate that previously assisted him, I am the person that prepared the Opposition to the Respondent's Motion the Petition for Writ of Habeas Corpus for Untimeliness so that he would not miss this court's current deadline in which to file said opposition.

VERIFICATION

I, the undersigned, swear under the penalty of perjury that the foregoing is true and correct to the best of my own personal knowledge.

Executed on this _____ day of December 2007 at Vacaville, California.
I, the undersigned, swear under the penalty of perjury that the foregoing is true and correct.

Respectfully Submitted,

/S/_____
Dwight Martin, #J-16019/Declarant

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

FREDERICK GATLIN,
PETITIONER,

vs.

JAMES TILTON,
RESPONDENT.

CASE No.

PROOF OF SERVICE

I, the undersigned, hereby certify that I am over the age of eighteen years and am [redacted] a party to the above entitled action.

On DECEMBER 26, 2007, I served a copy of

by placing said copy in a postage paid envelope addressed to the person(s) hereinafter listed, by depositing said envelope in the United States Mail:

(List all person(s) served in this action.)

OFFICE OF ATTORNEY GENERAL
455 GOLDEN GATE AVE.
SAN FRANCISCO, CA. 94102-7004

I declare, under the penalty of perjury, that the foregoing is true and correct.

DATED: DECEMBER 26, 2007

Declarant's signature

Frederick Gatlin
Declarant's printed name